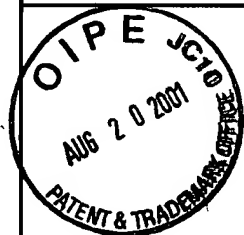


AUG 27 2001

TECH CENTER 1600/2900

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
AP32225 070165.0556

In re Application of Margolskee

Application Number 09/470,467

Filed 12/22/99

For INHIBITORS OF THE BITTER TASTE

Group Art Unit 1619

Examiner
Jones, D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))
☐ Two months (37 CFR 1.17(a)(2))
☐ Three months (37 CFR 1.17(a)(3))
☒ Four months (37 CFR 1.17(a)(4))
☐ Five months (37 CFR 1.17(a)(5))

\$ _____
 \$ _____
 \$ _____
 \$ 1,390
 \$ _____

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 695
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☐ attorney or agent of record.
☒ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a) 41,328

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

August 16, 2001

Date

PTO Reg No.: 41,328

Carmella L. Stephens

Signature

Carmella L. Stephens

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Title: INHIBITORS OF THE BITTER TASTE RESPONSE

Use Space Below for Additional Information: